



Practitioner Consultation Report
(Complete and return in SEALED envelope with Correctional Officer)

CA
PH
TIL

Reference #		Date of Service 4/12/2018	
Inmate: Regina Williams	Inmate ID: 86529	DOB: 08/08/1968	
Facility: CCC	Facility ID: 915	Phone: 660-646-4032	
Practitioner: Physical Therapy	Practitioner Type: Physical Therapy	Location: Cameron Regional Medical Center	
*** See Attached Consultation Request for Health Services Authorized *** <i>For security reasons inmates must NOT be informed of recommended treatment or possible hospitalization. Due to security considerations, all recommended tests and treatments are to be scheduled by Corizon.</i>			
Review of Case (Chief complaint, exam findings, etc.): <div style="text-align: center; font-family: cursive;"> See initial evaluation. Recommend further physician evaluation, pt unable to tolerate physical therapy @ this time. </div>			
Diagnosis and Prescription Suggestions (To be reviewed by Corizon Medical Director): 			
Can equivalent medication substitution be used?		<input type="radio"/> Yes <input type="radio"/> No	Follow-up needed? <input type="radio"/> Yes <input checked="" type="radio"/> NO
If follow up needed, explain:			
<div style="text-align: center;"> Linda Hase PT <small>Practitioner Name (Print)</small> </div>		<div style="text-align: center;"> <small>Practitioner Signature</small> Date: </div>	

To be completed by Corizon practitioner

Recommendation after review of consultant's report: <input type="radio"/> No further action <input type="radio"/> Implement the following	
Implement:	
<div style="text-align: center;"> Terri LaBlanc NP <small>Corizon Practitioner Name (Print)</small> </div>	<div style="text-align: center;"> <small>Corizon Practitioner Signature</small> Date: 4/13/18 </div>



1600 E Evergreen, Cameron, MO 64429
(816) 632-2101

#80529

Current Date: 04/12/18	Current Time: 09:19	Patient Account #: 1566091	Medical Record #: 237836
Patient Name: WILLIAMS REGINA	D.O.B. 08081968	Patient Age: 49	Gender: F
Physician: LABLANCE T	Family Physician: DECASTRO E		

LUMBAR SPINE EVALUATION

Date: 4/12/18 Time: 9:19 Diagnosis: CHRONIC BACK PAIN/DJD/BULGING DISC X2/STENOSIS

SUBJECTIVE

Duration, location, and nature of pain: CHIEF COMPLAINT OF LB PAIN AND RT BUTTOCK, ALTERED SENSATION IN RT LE DUE TO GSM, INTERMITTENT SHARP PAINS IN RT LE TO FOOT. KNEE SURGERY 2015, REPAIR OF MCL/MENISCAL/PATELLAR DEBRIDEMENT. USES CANE AND W/C AT FACILITY. LBP STARTED IN JUNE, STEROIDS, RESUMED WORKOUT ACTIVITY UNTIL 2.5 MONTHS AGO GRADUALLY INCREASED PAIN/WEAKNESS.

Any specific strain, overuse, or trauma? NO MRI WITH L1 NARROWING, L4-L5 BULGING. 7 STEROID SHOTS, 30 DAY PREDISONE, MEDROL DOSE PACK, 2 ROUNDS OF MM RELAXERS, AND NOW TAKING TRAMADOL. PAIN RATING 8/10. 2 MONTHS REPORTS PROBLEMS WITH INCONTINENCE.

What makes worse? WALKING/SITTING/ BENDING/ COUGHING.

Received/Date Stetter 4/12/18

Entered MARS/Date

What makes better? RESTING HELPS, ICE/HEAT NAPROXEN 3X/DAY.

Reviewed/Date 4/12/2018

Plan

Numbness or tingling? DECREASED SENSATION RT THIGH/LE SINCE 18 Y.O

History of condition, injury, onset, and treatment: NO PRIOR THERAPY FOR LB. ATTRIBUTES LB PROBLEMS TO HISTORY OF DOMESTIC VIOLENCE.

Other: PMH: HTN, TACHYCARDIA,

TESTS: MRI TAKEN 2 WKS AGO.

MEDICATIONS: TRAMADOL/NAPROXEN/ BP MEDS, STOOL SOFTENERS.

HOME ENVIRONMENT: INCARCERATED CURRENTLY.

PRIMARY COMPLAINT: CHIEF COMPLAINT OF LBP WITH DECREASED MOBILITY, ACTIVITY INCREASES PAIN.

OBJECTIVE

OBSERVATION: 49 Y.O FEMALE. PRESENTS TO P.T. IN W/C THIS DATE.

POSTURE: LEANS UPPER BODY TO LT IN CHAIR, TO DECREASE WB TO RT GLUTEAL/BUTTOCK DUE TO REPORTED PAIN.

PALPATION MODERATE HYPERSENSITIVITY TO PALPATE LUMBAR SPIKE L1-S1 CENTRALLY, RT LUMBAR PARASPINALS AND NUMBNESS REPORTED OVER RT SCIATIC/GLUTEAL REGION.

TRUNK ROM

Flexion	30-35 DEG FB PAIN
Extension	UNABLE PAIN.
(L) Side Flexion	UNABLE DUE TO PAIN
(R) Side Flexion	UNABLE DUE TO PAIN
(L) Rotation	UNABLE DUE TO PAIN
(R) Rotation	UNABLE DUE TO PAIN

Current Date: 041218 Current Time: 0919 Patient Account #: 1566091 Medical Record #: 237836
Patient Name: WILLIAMS REGINA + D.O.B. 08081968 Patient Age: 49 Gender: F
Physician: LABLANCE T Family Physician: DECASTRO E

Repeated AROM: UNABLE TO PERFORM

Passive ROM:

Does side gliding alter symptoms?

Reflexes: Patellar: HYPER REFLEXIVE BIL Achilles:
SLR Test: Sitting: + SLR RT, NEG LT, Supine:
Sensation:

Strength ANKLE RT 4+/5 DF/PF, LT 5/5 DF/PF, LT KNEE 5/5 FLEX/EXT, RT KNEE: 4/5 WITH LB PAIN. HIP FLEXION LT 5/5, RT 4/5 WITH LB PAIN.

Gait: PATIENT AMBULATED 40 FEET WITH FWW SBA X1, AND 40 FEET WITH SPC SBA X1, V/C TO USE OPPOSITE RT LE, OBSERVED AMBULATING 60 FEET TO BATHROOM WITH SPC/GUARD ASSISTED. MILD LIMP NOTED.

Other: AROM OF LT KNEE/ANKLE WFL'S. AROM OF RT ANKLE WFL, PAIN WITH LT KNEE EXTENSION, FUNCTIONAL ROM NOTED RT KNEE WITH PAIN. OSWESTRY DISABILITY SCORE: 75.5%

ASSESSMENT

RESPONSE TO TREATMENT: PATIENT DID NOT TOLERATE EVALUATION, BECAME NAUSEOUS WITH INCREASED LBP AND UNABLE TO COMPLETE FULL EVALUATION-RECLINED SUPINE, VITALS TAKEN: 142/95, 98% O2, 81 HR.

PROBLEM LIST: LOW BACK PAIN, WITH RADICULOPATHY RT LE, MILD WEAKNESS RT LE, ALTERED GAIT/MOBILITY.

STG: 1. INITIATE HEP/WALKING PROGRAM FOR LB. EDUCATE ON PROPER TRANSFER FOR SUPINE TO SIT AND SIT TO STAND. EDUCATE IN APPROPRIATE USE OF SPC.

LTC: 1. PATIENT WILL BE INDEPENDENT AND COMPLIANT WITH HEP/WALKING PROGRAM AS TOLERATED AT FACILITY.

PLAN

FREQUENCY AND DURATION: RECOMMEND CONSULTATION WITH SPECIALIST FOR LB AT THIS TIME, UNABLE TO TOLERATE P.T. SESSION.

TREATMENT: EVALUATION LOW COMPLEXITY, 9:19-10:15 INSTRUCTION VERBALLY IN THER EX'S FOR LB, SKTC WITH TOWEL, PELVIC TILTS, AND LIMITED LTR SUPINE AS TOL, EDUCATED IN LOG ROLLING FOR SUPINE TO SIT TRANSFER TO DECREASE STRESS TO LB, AND USE OF UE'S FOR SAFE SIT TO STAND, ENCOURAGED SHORT DISTANCES OF WALKING AT FACILITY WITH SPC AS TOLERATED, AND INSTRUCTED IN GAIT USING CANE OPPOSITE RT LE FOR SUPPORT. ALL ACTIVITIES THIS DATE LIMITED DUE TO LB PAIN. RECOMMEND SPECIALIST REFERRAL/CONSULT FOR LB AT THIS TIME. PATIENT UNABLE TO PARTICIPATE WITH P.T.

Education AS ABOVE. CONSULT SPECIALIST RE: POTENTIAL FOR EPIDURAL FOR LB PAIN.

☐ FALL PREVENTION

☐ HOME EXIT/ENTRANCE MANAGEMENT

☐ STAIR AMBULATION

☐ BALANCE

☐ HOME SAFETY

☐ AD INSTRUCTIONS

☐ GAIT

☐ LEVELS OF ASSISTANCE PROVIDED BY FAMILY MEMBERS

ELECTRONICALLY VIEWED AND SIGNED BY: LINDA HESS RPT.

DATE: 4/12/18

TIME: 10:15

SIGNED BY:

DATE:

TIME:

CAMERON REGIONAL MEDICAL CENTER
CAMERON, MO 64429

-----NAME----- NUMBER SEX AGE ADMIT DISC. XRAY# F/C TYPE
WILLIAMS REGINA + 1561907 F 49 3/21/18 3/21/18 55779 CB4 O/P
DATE OF BIRTH: 08/08/1968 M/R# 237836 PH#: 660-646-4032 RM

LOCATION: TRANSCRIBED: 03/21/18 14:26 INT
MR LUMBAR SPINE WO CONTRAST * 72148 COMPLETED: 03/21/18 14:26 ife 70451
Reason for Procedure: back pain

PHYSICIAN: LABLANCE T

PATIENT MR#: 237836
PATIENT ACCT#: 1561907
PATIENT NAME: WILLIAMS, REGINA
DATE OF BIRTH: 08/08/1968
REFERRING PHYSICIAN: TERRI LABLANCE
EXAM DATE: 3/21/2018
ACCESSION NUMBER: 197045120180321
EXAM DESCRIPTION: MR LUMBAR SPINE WO CONTRAST *

MRI LUMBAR SPINE WITHOUT CONTRAST

DATE: 3/21/2018 1:20 PM

Received/Date Steeter 3/23/18

Entered MARS/Date _____

Reviewed/Date TYL 3/23/2018

Plan _____

INDICATION: Back pain rectal sphincter hypotonia

TECHNIQUE: Magnetic resonance imaging of the lumbar spine was performed to evaluate the spinal canal and contents. No IV contrast was administered.

COMPARISON: None.

FINDINGS:

Alignment: The alignment of the lumbar spine appears maintained. No significant subluxation.

Marrow signal: The marrow signal of vertebral bodies appears within normal limits. No marrow edema identified to suggest an occult fracture. No marrow replacing lesions.

Vertebral body heights: Appear maintained.

Conus: The conus appears unremarkable. Located in normal position.

Lower thoracic discs: Mild degenerative changes

L1-L2: There is no significant disc bulge or herniation. There is no significant spinal stenosis.

L2-L3: Disc desiccation. 2 mm annular bulge. Facet arthropathy. Mild foraminal narrowing.

L3-L4: Loss of disc height. Disc desiccation. 3 mm annular bulge. Central canal 8 mm. Facet arthropathy. Mild to moderate central and foraminal stenosis.

L4-L5: Disc desiccation. Loss of disc height. Central canal 6 mm. Facet arthropathy. Thickening of the ligamentum flavum. Moderate central foraminal stenosis greater on the left

L5-S1: Disc desiccation. Posterior annular fissure. Facet arthropathy. 3 mm disc protrusion. Central canal 7 mm. Moderate central mild foraminal stenosis

Visualized sacral spine: Where visualized appears unremarkable.

3 mm diameter hyperintense process identified involving the filum terminale extending the length of the lumbar spine most consistent with a lipoma.

2.6 cm left adnexal cystic structure. Fluid within the endometrial canal.

IMPRESSION:

1. Moderate diffuse lumbar spondylosis. Multilevel disc degeneration and facet arthropathy.
2. Moderate to stenosis of L4-L5 and L5-S1
3. Multilevel foraminal stenosis
4. Filum terminale lipoma as described
5. 2.6 cm left adnexal cyst. Fluid within the endometrial canal. Pelvic ultrasound recommended.

Electronically Signed By: Michael Green, DO, Signed On: 3/21/2018 2:22 PMAR-DELL

Read by: Dr. Michael Green, DO
Transcribed by:
Transcribed Date:
Electronically signed by: Dr. Michael Green, DO
Date signed: 3/21/2018 2:25:48 PM

Generated By: Batch Process, Healthcare

4794401-CCC WILLIAMS,086529

03/13/18

LUMBAR SPINE: THREE VIEWS

PURPOSE OF EXAM: pain, urinary incontinence

AP, lateral and coned-down views are submitted. Prior exam of 09/27/17 is reviewed. Five presacral lumbar vertebral segments are seen with minimal rotoscoliosis. Subtle spondylosis is present along the lumbar vertebral body margins. Focal lytic or blastic changes are not apparent. Some sclerotic changes are suggested in the posterior facets at the L4-5 and L5-S1 level.

IMPRESSION:

1. MILD LUMBAR SPONDYLOSIS. NO INDICATION OF ACUTE FRACTURE OR SPONDYLOLISTHESIS.

SACRUM: TWO VIEWS

PURPOSE OF EXAM: pain, urinary incontinence

Prior images of 09/27/17 is reviewed. There is normal bone mineral density. The SI articulations appear patent. Acute/healing osseous injury or healed fracture deformity is not observed. Several calcifications in the pelvis are seen, unchanged from previous study. These findings may represent phleboliths. Other etiologies must be considered as well.

IMPRESSION:

1. UNREMARKABLE RADIOGRAPHIC APPEARANCE OF THE SACRUM.
2. STABLE APPEARANCE OF PELVIC CALCIFICATIONS.

KENT MCNUTT, DO/lae

5519301-CCC WILLIAMS,086529

11/15/17

CERVICAL SPINE: THREE VIEWS

PURPOSE OF EXAM: pain with flexion of neck

Lateral, AP and odontoid views are submitted. Prior studies or reports are not available for comparison. There is flattening of the cervical curvature. Subtle marginal hypertrophic changes are observed. Disc space narrowing is present at C5-6. Slight torticollis is seen on the AP image. The lateral masses of C1 and C2 align appropriately. The occiput is seen superimposing the odontoid.

IMPRESSION:

1. MILD CERVICAL VERTEBRAL SPONDYLOSIS WITH DEGENERATIVE DISC C5-6.
2. NEGATIVE FINDINGS FOR ACUTE FRACTURE OR SPONDYLOLISTHESIS.

KENT MCNUTT, DO/lae

occiput - The back part of the skull
torticollis - Neck supported by the spinal
accessory nerve.

bilateral, 12/15

60-42
121 212
214

Generated By: Batch Process, Healthcare

5415912-CCC WILLIAMS,086529

09/27/17

LUMBAR SPINE: THREE VIEWS

PURPOSE OF EXAM: persistent back pain with crepitus
AP, lateral and coned-down views are submitted. Mild
levorotatoscoliosis is present through the lumbar segments.
Subtle marginal hypertrophic changes are seen. Focal lytic
or blastic changes are not evident.

IMPRESSION:

1. SUBTLE LUMBAR SPONDYLOSIS AS ABOVE. NO INDICATION OF
ACUTE FRACTURE OR SPONDYLOLISTHESIS.

SACRUM: TWO VIEWS

PURPOSE OF EXAM: persistent back pain with crepitus
The bony structures are intact with no fracture. SI joints
appear intact. A calcification is present in the left
pelvic region, etiology is uncertain. This may represent a
phlebolith though other etiologies must be considered.

COCCYX: TWO VIEWS

PURPOSE OF EXAM: persistent back pain with crepitus
The bony structures are intact with no fracture nor
dislocation. Several pelvic calcifications are seen on the
angled projection indicative of phleboliths. Somewhat
irregular calcifications are present in the left
hemipelvis, exact etiology is undetermined. Comparison to
prior studies may be helpful to establish long-term
stability. If further investigation is desired CT may be a
more sensitive imaging modality.

KENT MCNUTT, DO/lae



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
INFORMAL RESOLUTION REQUEST

RECEIVED
MAY 22 2018
BY Medical/MS

18-420

INSTITUTION USE ONLY

☐ EMERGENCY COMPLAINT

OFFENDER NAME

WILLIAMS, REGINA

DOC NUMBER

86529

DATE STAFF RECEIVED IRR

05-21-2018

COMPLAINT NUMBER

CCC-18-420

CATEGORY

5-MEDICAL

HOUSING UNIT

7B109D

COMPLAINT - ONE ISSUE - BE SPECIFIC

STATE YOUR PROBLEM BRIEFLY

See Attached
PAPERS

ACTION REQUESTED: STATE REMEDIES YOU ARE SEEKING

STAFF USE ONLY

DISCUSSION OF COMPLAINT (SUMMARIZE RESULTS OF MEETING)

Discussed Concerns

☐ IRR RESOLVED BY DISCUSSION/WITHDRAWN

☒ IRR NOT RESOLVED BY DISCUSSION

OFFENDER SIGNATURE

DATE

STAFF SIGNATURE

DATE

STAFF FINDINGS/RESPONSE

See Attached

INVESTIGATING STAFF SIGNATURE

DATE

RESPONDENT SIGNATURE

DATE

REVIEWER SIGNATURE

DATE

RESULTS

☐ SATISFACTORY ☒ UNSATISFACTORY

YOU HAVE THE RIGHT TO FILE A FORMAL GRIEVANCE. YOU MUST FILE A GRIEVANCE FORM WITH THE DESIGNATED STAFF WITHIN SEVEN (7) DAYS FROM THE DATE YOU RECEIVE THIS RESPONSE. FAILURE TO SUBMIT A GRIEVANCE WITHIN THIS TIME FRAME CONSTITUTES ABANDONMENT.

OFFENDER SIGNATURE

DATE

18-420

Issue Retaliation by Dr. Bredeman DO/OB
in the Name of CORIZON

Problem on the 18 of May 2018 provider LaBlance
received a E-mail on May 18 2018 along with
me having a appointment at 8:00 AM. The Email
stated from Dr. Bredeman DO/OB is taking away
my tramadol 50 mg 3x daily totaling 150 mg
1 at 8:00 AM & 2 at 4:00 PM. The Email
stated that I could not be on tramadol and
Neurotin at the same time.

The fact of the matter is; Dr Bredeman DO/OB
Authorized on March 26 2018 The Tramadol
50 1 morning 1 night. Then on April 16 2018
Dr. Bredeman Authorized Neurotin 300 mg
morning and night Then on May 2 2018
Dr. Bredeman Authorized while already on
100mg of tramadol and 600mg total
daily, approved 50 mg more of tramadol
totaling 150mg. 50 Before Authorizing
all 3 dosage changes was acceptable
until Dr. Bredeman was notified of my
WRR on May 17 2018 and then the
medication suddenly became contraindicated.
Note: tramadol is for moderate to severe pain.
also pain medication doesn't help nerve
Neurotin is a nerve block and is
used for nerve pain in adults.

The Events occurring The week of May 14, 2018 thru May 18, 2018 will show the Blatant Retaliation ~~of~~ for filing a DRR.

Monday May 14, 2018 I turned in my DRR to my Case worker for a denial of treatment of a diagnosed condition.

Tuesday May 15, 2018 Saw provider LaBlance for a increase of Neurotin to 400mg Because she can only increase neurotin every 30 days until a achieved amount. (She Said.)

Wednesday May 16, 2018 I received the ^{new} 400 mg at window morning and evening also I paid for my medical Records 138.20 for law suit.

Thursday May 17, 2018 I received ^{new} 400mg Neurotin and tramadol also medical called me to discuss my DRR it was just turned in 3 days prior. Dr. Bredeman got involved told DON that "I did not meet the criteria for a specialist" "Verbatim" Mr. Corbin. I chose Not Resolved.

Friday May 18, 2018. provider LaBlance was scheduled to see me by someone in Corizan at 8:00 am when she saw me she told Dental it won't be but a minute cause she just saw me a couple Days ago. Then to her surprise Dr Bredeman email was there. Revoking one of the medications saying I can't have both. Both of us in Rio may because she

no w. get
No tramadol
But took
me back
down to
300mg
neurotin

not only had the med window been giving me the 400mg dosage since wednesday evening But then I asked Then DR Bredeman PO/OB Retaliated ~~and~~

The facts are the Facts and Any ^{be able to} by person will see them as what happened. Dr. Bredeman is inflicting intentional cruel and unusual punishment and Deliberate indifference Dr. Bredeman's PO/OB continual Denial of Granting me access to a Specialist who is qualified to address my pain and medical Condition, ^{DR. Bredeman} along with ignoring my sufficiently serious medically diagnosed condition that significantly changes the quality of life I had before the Diagnosed condition. The extreme pain and the series of Cumulative repeated Denials of medically Requested procedures and on Request of a need for a Specialist. The Act of Retaliation is against federal and state law Coupled with DR. Bredeman's PO/OB intentional infliction of pain and severe discomfort with No choice but to use the Wheel

Because of int
intense pain

18-420

Chair my quality of life has been Severely affected for almost one year. The Eighth Amendment of the Constitution protects me from these acts and therefore place a civil Right Violation (also still I am only receiving 300 mg of Neurotin this weeker is the most horrible pain I've

Resolution X To be sent to a Neurologist per Requested by Cameron Hospital therapy along with 2 Requests from Provider LaBlance all ignored. To Carry out the Specialists orders. To increase the Neurotin Dosage to compensate for the ^{loss of} Tamadol as 400 mg Does not even touch the pain or Nerve pain I am in leaving pain as all I have for a quality of life. No further Retaliation See Amended paper: Refusing William

even though 300mg is still all I'm receiving I received 400 for 3 days then took back down to 300mg all weekend. Help!

28 84529 added 3 days after Neurotin on 12/15

Continued: I would like to change my 7B desired result from a adequate Dose of neurotin to No Neurotin I can not take this medication by itself or increased even though it helps the nerve pain. I Can't Sleep my legs Crawl my mental health is seriously affected I cry at the drop of the Dime I'm irritated I'm drowning in pain

18-420

On May 21 2018 after self-declaring
on the evening of the 20 of May,
Not sleeping since Thursday even
then not good. After ^{the} taking of the
tramadol the intense pain I have
been suffering I can't walk I can't
sit now I can't lay down it feels
like I have bugs in my legs. I
am miserable the Neurotin was
changed to 8:00pm. Since then
I can't sleep my legs feel full
of bugs my mental health is severely
being affected by all of this.
I had to refuse so called therapy
in ICU today how in the world when
you took the pain med. am I
supposed to do therapy I refused
Neurotin this morning I have
been off all mental health drugs
for all of my diagnosed disorders
for over 5 years after Doc 29
classes I have worked very hard
to learn to cope with life. I am
beginning to drown I am seeing
the mental health phyc Doctor
Wednesday. Dr. Bedeman's cruel
decision to decide I don't meet
criteria for medical health is in-
human.

Informal Resolution Request Response

To: Regina Williams #86529

Institution: CCC

IRR Number: CCC 18-420

Date of IRR: 5/21/18

Your IRR has been received and reviewed as well as your medical record. The purpose of this review is to determine if medically necessary health care, as determined by your health care providers has been provided to you. This assessment of your medical needs may differ from your personal desires.

Your concern is understood to be: "to be sent to a neurologist".

Subsequent to review and investigation, the results are as follows; on 3/23/18 the nurse practitioner placed a referral for a neurology consult. She noted you have complained of back pain for eight months and were given a home exercise plan seven months ago. You reported not being able to conduct the home exercise plan due to pain. It was determined medical necessity for the consult was not met. It was noted your MRI showed no cord compression. It was recommended you be placed on duloxetine and start formal physical therapy. You were approved for formal physical therapy on 3/29/18. You were seen by the physical therapist on 4/12/18. They noted you were unable to tolerate the therapy. They issued you a home exercise plan and advised you complete the exercises in pain free ranges. She also encouraged you to walk short distances and noted there was no need for follow-up. On 4/16/18 the nurse practitioner placed another referral for neurology. It was again determined the medical necessity was not met for the consult. It was recommended that your pain be controlled with non-narcotic medication and once you pain was better to re-initiate the physical therapy.

At this time you do not meet criteria for a neurology consult. You are encouraged to increase your mobility as much as possible by conducting the home exercise program you were given and ambulating.

In conclusion, it appears your medical needs were being met appropriately.

If your medical condition changes please address any concerns through the sick call process at your facility.

5/22/18

Date Received

07/13/2018

Date of Response


Sterling Ream, RN, H.S.A

Complaint : IX

Grievance Response

To: Regina Williams #86529

Institution: CCC

Grievance Number: CCC 18-420

Date of Grievance: 7/23/18

Your Grievance has been received and reviewed as well as your medical record. The purpose of this review is to determine if medically necessary health care, as determined by your health care providers, has been provided to you. This assessment of your medical needs may differ from your personal desires.

Your concern is understood to be: "to be sent to a neurologist".

Subsequent to review and investigation, the results are as follows: on 3/23/18 the nurse practitioner placed a referral for a neurology consult. She noted you have complained of back pain for eight months and were given a home exercise plan seven months ago. You reported not being able to conduct the home exercise plan due to pain. It was determined medical necessity for the consult was not met. It was noted your MRI showed no cord compression. It was recommended you be placed on duloxetine and start formal physical therapy. You were approved for formal physical therapy on 3/29/18. You were seen by the physical therapist on 4/12/18. They noted you were unable to tolerate the therapy. They issued you a home exercise plan and advised you complete the exercises in pain free ranges. She also encouraged you to walk short distances and noted there was no need for follow-up. On 4/16/18 the nurse practitioner placed another referral for neurology. It was again determined the medical necessity was not met for the consult. It was recommended that your pain be controlled with non-narcotic medication and once you pain was better to re-initiate the physical therapy. On 8/3/18 you were seen by NP LaBlance to discuss your pain medication. You reported continual difficulty with ambulation due to back pain with radiculopathy. You did report continuing to work on improving on your HEP.

At this time you do not meet criteria for a neurology consult. You are encouraged to increase your mobility as much as possible by conducting the home exercise program you were given and ambulating.

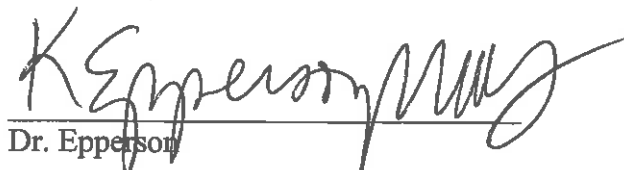
In conclusion,

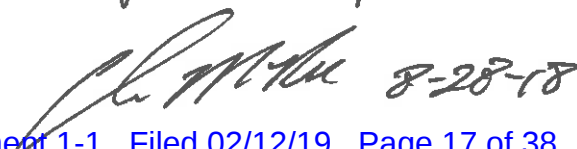
It appears your medical needs have been met. If your medical condition changes please address any concerns through the sick call process at your facility.

7/25/18
Date Received

8/10/18
Date of Response


Sterling Ream, RN, HSA


Dr. Epperson

 8-28-18



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
OFFENDER GRIEVANCE

18-420
RECEIVED
GRIEVANCE NUMBER
JUL 25 2018

DUE DATE: 09-01-2018

IRR NUMBER

CCC-18-420

DATE FILED

07-23-18

INSTITUTION USE ONLY

By Medical mrs

OFFENDER LAST NAME

FIRST

DOC NUMBER

HOUSING UNIT

UNIT

INSTITUTION

WILLIAMS, REGINA

86529

7A

101

CCC

OFFENDER GRIEVANCE/REQUEST

This Response is Verbatim to the Response I recieved for Grievance Number CCC-18-39. Dr. Bredamen Retaliated for my grievance 18-39. The Dates and times are completely mapped out. Retaliation is against my constitutional right taking away the freedom that he okay along with the Retaliation he also Drayed directly after he was notified of my grievance along with me paying for my medical Records and sending them to a lawyer. Dr. Bredman Retaliated and we will leave it to the courts to decide mean while leaving me in constant pain and my quality of life so dimenish.

OFFENDER SIGNATURE

DATE

7.23.18

SUPERINTENDENT RESPONSE

SUPERINTENDENT/SECTION HEAD

DATE

8-28-18

You have the right to appeal this decision to a division director. You must file an appeal form with the grievance officer within seven (7) days from the day you receive this decision. Failure to submit an appeal within this time frame constitutes abandonment of the grievance.

☐ I ACCEPT THIS DECISION

☐ I APPEAL THIS DECISION

OFFENDER SIGNATURE

DATE

and
247lbs
from
being
able to
have the
quality
of life
I had
prior
to this
at 206lbs

that I am back on mental health medication and seeing a therapist for the way of life I am being forced to settle with is cruel and unusual punishment and his retaliation is blatant and self explanatory as you read the breakdown of how the retaliation went down.

Regina Williams
86529

**OFFENDER GRIEVANCE APPEAL
RESPONSE**

TO: Williams, Regina #86529
INSTITUTION: Chillicothe Correctional Center
GRIEVANCE: CCC-18-420
DATE OF APPEAL: September 04, 2018

Your grievance appeal has been received and reviewed. As well, your medical record has been reviewed. The purpose of is to assure that timely and appropriate healthcare has been provided to you. This assessment of your medical needs may differ from your personal desires.

I understand your one original IRR complaint to be you contend that you are requesting to be sent to a neurologist.

Upon review of your medical record, grievance records and investigation of your concern I found you have received ongoing care and treatment for your complaint of back pain. It is noted that a home exercise plan was implemented several months ago and you were instructed to walk short distances. It is noted that you have been closely followed by the medical staff for your pain management and physical therapy. Your records show appropriate care and treatment has been given to include follow-up care. I found that your medications/pain medication have been adjusted when medically indicated by your physician/ provider. Your record notes that your MRI showed no cord compression. A referral for neurology was not medically indicated/met for consult at this time.

Conclusion: Based on the above information, your Grievance Appeal is not supported, as outlined above. Your record shows appropriate care and treatment for your medical/mental health issues by licensed, qualified healthcare professionals with many years of experience. We rely upon the independent, discretionary medical judgment of the site physicians to determine what care, medication and treatment is needed.

This should resolve your grievance. No further action is indicated at this time.

Should your medical condition change, please address any concerns through the sick call process at your facility.

September 11, 2018 September 25, 2018
Date Received Date of Response


J. Cofield
Director Operations, Constituent Services


T. Bredeman, D.O. Assoc. Regional Medical Director



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
OFFENDER GRIEVANCE APPEAL

OFFENDER NAME (LAST NAME, FIRST) <i>Williams Regina</i>	GRIEVANCE NUMBER <i>CCC 18420</i>	DATE FILED <i>9/4/18</i>
	DOC NUMBER <i>86529</i>	INSTITUTION <i>CCC</i>

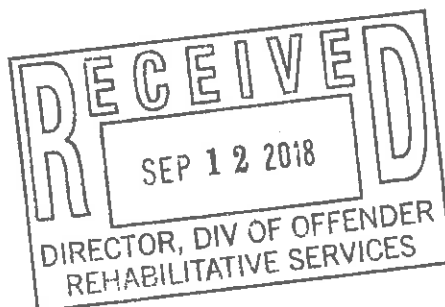
REASON FOR APPEAL

The Reason for appeal is because none of what I grieved was addressed. Dr. Blodman retaliated and abruptly stopped my tramadol and Nurotin both are for the same issue but different reason nurotin address nerve the tramadol the back pain. I didn't take the tramadol everyday only when needed. The time line I mapped out in my JRR. It is cruel and unusual punishment to continue to leave me in pain and placed in a wheelchair to where my quality of life has diminished to bed and little movements. The pain and suffering has left me to seek Mental Health for depression, ect. I Am Ambulating and doing the HEP. if for nothing more than to try and keep my sanity. I maybe in prison but I do not deserve to be left in constant pain nerve back pain

R Williams

DATE *9.4.18*

RESPONSE



SIGNATURE

DATE

Finalization of this appeal represents exhaustion of this grievance pursuant to federal law, 28 CFRs 40

OFFENDER SIGNATURE

DATE

You are denying me medical
 care. Speciality doctors
 are apart of my medical
 Needs constant Chronic
 pain is cruel and Unmoral
 punishment. Dr. Brediman
 approved my tanadol and
 Nurotin for Months Until
 I JRR'd the care then
 he instantly stopped it.
 To say you cant be on
 both is an excuse There are
 Numerous offenders on
 tranadol I have a list
 of people that I will provide
 in my law suit. You R
 Medical doctor Dr. Bredman
 has knowily and Blatently
 Retaliated and stopped my
 pain medicine and refused
 the Nurulogist even though
 on the physical therapy from
 Cameron they recommended
 the Nurulogist. What Corizon
 is doing is Against my 8th Amendment.
 As stated with numerous other violation Rights



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
INFORMAL RESOLUTION REQUEST

18-397

INSTITUTION USE ONLY

☐ EMERGENCY COMPLAINT

OFFENDER NAME

WILLIAMS, REGINA

DOC NUMBER

86529

DATE STAFF RECEIVED IRR

05-14-2018

COMPLAINT NUMBER

CCC-18-397

CATEGORY

5-MEDICAL

HOUSING UNIT

7B109D

COMPLAINT - ONE ISSUE - BE SPECIFIC

STATE YOUR PROBLEM BRIEFLY

note
on Book
Paper

ACTION REQUESTED: STATE REMEDIES YOU ARE SEEKING

STAFF USE ONLY

DISCUSSION OF COMPLAINT (SUMMARIZE RESULTS OF MEETING)

☐ IRR RESOLVED BY DISCUSSION/WITHDRAWN

☒ IRR NOT RESOLVED BY DISCUSSION

OFFENDER SIGNATURE

DATE

5-17-18

STAFF SIGNATURE

R. Corbin RN

DATE

5-17-18

STAFF FINDINGS/RESPONSE

INVESTIGATING STAFF SIGNATURE

DATE

RESPONDENT SIGNATURE

DATE

REVIEWER SIGNATURE

DATE

RESULTS

☐ SATISFACTORY

☐ UNSATISFACTORY

YOU HAVE THE RIGHT TO FILE A FORMAL GRIEVANCE. YOU MUST FILE A GRIEVANCE FORM WITH THE DESIGNATED STAFF WITHIN SEVEN (7) DAYS FROM THE DATE YOU RECEIVE THIS RESPONSE. FAILURE TO SUBMIT A GRIEVANCE WITHIN THIS TIME FRAME CONSTITUTES ABANDONMENT.

OFFENDER SIGNATURE

DATE

Complaints On May 2, 2018 I was informed by my provider mes. Lablance That the Referral She put in for me to see a Neurologist was denied by Jefferson City Again. This was the second time Jeff City Corizon denied me to see the Neurologist. In the past year they have denied 4 different things CT Scan, MRI, 2 ~~see~~ Neurologist all leaving me in serious pain to where my quality of life has change dramatically to a wheel chair & pain meds.

Briefly State Problem: I have been in serious pain since late June. This facility has done everything they could do. The problem is Jefferson City Corizon has left me in extreme pain 4 different procedures have been denied ignoring the obvious condition and Delaying treatment. X Ray should an issue Mrs. Lablance put in for a Cat Scan Jeff City Said no. So She tried

to help me With Several
different things nothing helped
she put in for MRI They
Said NO The pain got so
Bad I couldn't walk couldn't
sit crying so Dr. Bredman
was called She did a pelvic
on his call. it showed
my Right Side of Vagina Rectum
have no feeling I have
less movement in my
Right Side. he requested
a MRI that went thru.
The Provider after the
Results came in put in
for me to see a Neurologist
that was Denied said
to send me to therapy
I can't barely move the
pain is so Bad. How? I
Went to therapy therapy
said pain was too Bad &
therapy even put in
for me to see a Neurologist
so Mrs LaBlance put in

for me to see a neurologist again I was informed on May 2 2018. My quality of life has significantly changed leaving me in a "Condition of Argency" and putting my health at risk for permanent injury Equine Syndrome is life threatening and can cause me to be paralyzed. L-5 is very close being herniated to the right it has the propensity to be affected at any time. Jefferson City is basing there repeated denials on non medical factors. The^{ese} necessary procedures are necessary because one the provider ordered it But two I have been in constant pain for almost 1 year I have been here 12 years its almost time for me to

leave in 2 years. I can't go to Business Customer Service Because I can't sit for 6-7 hours. I am not supposed to be limited to buying in my Bed (literally) I gain 31 lbs. I have had to stop my monthly visit because I can't sit past 10-15 min I can't cough squat Dress out. its so painful. taking a Shower is the worst pain I have 2 do that every 2 days. Also I hate being on pain meds. I don't want to leave here in a wheel chair dependant on meds. I walked IN I want to walk out. Jefferson City is inflicting cruel and unusual punishment and deliberate indifference I don't deserve this

84529
Rsin

Action Requested^x to be
Sent to a Neurologist and
for what ever he orders
to be fulfilled so I can go
to Vocational and get Ready
to go into Society (although
I can't get back the year of
pain and mental suffering)

Informal Resolution Request Response

To: Williams, Regina # 86529

Institution: CCC

IRR Number: CCC-18-397

Date of IRR: 5/14/2018

Your IRR has been received and reviewed as well as your medical record. The purpose of this review is to determine if medically necessary health care, as determined by your health care providers, has been provided to you. This assessment of your medical needs may differ from your personal desires.

Your concern is understood to be, "the medical provider referred you for a Neurologist consults, the referral was denied"


Subsequent to review and investigation, the results are follows; on 4/16/2018 Mrs. Lablance NP submitted a referral for neurology consult. Per UMMD: MRI reveals DJD/Foraminal stenosis no cord compression. Recommendations to treating IM pain objectively rather than subjectively with appropriate non narcotic medications and once pain is controlled re initiating PT.

In conclusion, It has been determined that your healthcare has not been delayed. You saw Mrs. Lablance NP on 5/14/2018 she reviewed your POC and she also increase your Gabapentin 400mg PO BID for pain control.

If your medical condition changes please address any concerns through the sick call process at your facility.

05/14/2018
Date Received

5/17/2018
Date of Response


Lugenis Corbin
Director of Nursing

Grievance Category:

I II III IV V VI VII VIII IX X

Grievance Response

18-397

To: Regina Williams #86529

Institution: CCC

Grievance Number: CCC 18-397

Date of Grievance: 6/1/18

Your Grievance has been received and reviewed as well as your medical record. The purpose of this review is to determine if medically necessary health care, as determined by your health care providers, has been provided to you. This assessment of your medical needs may differ from your personal desires.

Your concern is understood to be: the medical provider referred you for a neurologist consult, the referral was denied.

Subsequent to review and investigation, the results are as follows: on 3/23/18 the nurse practitioner placed a referral for a neurology consult. She noted your intractable pain with rectal sphincter hypotonia, moderate lumbar stenosis, annular bulging x 2, decreased mobility, and difficulty performing your ADLS. She noted you have complained of back pain for eight months and were given a home exercise plan seven months ago. You reported not being able to conduct the home exercise plan due to pain. It was determined medical necessity for the consult was not met. It was noted your MRI showed no cord compression. It was recommended you be placed on duloxetine and start formal physical therapy. You were approved for formal physical therapy on 3/29/18. You were seen by the physical therapist on 4/12/18. They noted you were unable to tolerate the therapy. They issued you a home exercise plan and advised you complete the exercises in pain free ranges. She also encouraged you to walk short distances and noted there was no need for follow-up. On 4/16/18 the nurse practitioner placed another referral for neurology. It was again determined the medical necessity was not met for the consult. It was recommended that your pain be controlled with non-narcotic medication and once your pain was better to re-initiate the physical therapy.

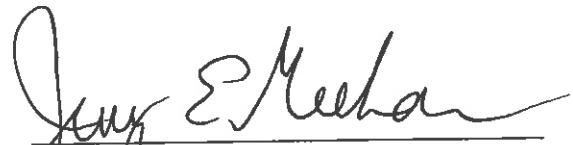
18-397

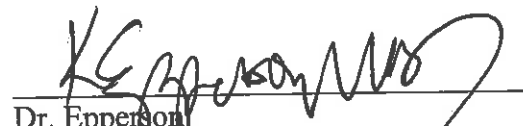
At this time you do not meet criteria for a neurology consult. You are encouraged to increase your mobility as much as possible by conducting the home exercise program you were given and ambulating.

In conclusion,
It appears your medical needs have been met. If your medical condition changes please address any concerns through the sick call process at your facility.

Date Received

7/12/18
Date of Response


Jenny Meehan RN


Dr. Epperson

 7-17-18



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
OFFENDER GRIEVANCE

18-397

DUE DATE: 07-11-2018

GRIEVANCE NUMBER

CCC 18 397

IRR NUMBER

CCC-18-397

DATE FILED

6-1-2018

INSTITUTION USE ONLY

OFFENDER LAST NAME

FIRST

DOC NUMBER

HOUSING UNIT

UNIT

INSTITUTION

WILLIAMS, REGINA

86529

7B

109D

CCC

OFFENDER GRIEVANCE/REQUEST

So the Answer given on my ORR "That treatment was not Delayed." Treatment has been "Delayed" Since the first Denial of a Cat Scan in "late" September of 2017. Then the Denial of a MRI, then the Denial of The Denial- exist even after Cameron's hospital (Therapydept) requested the Neurologist app also. The repeated denials leave me in constant chronic pain, sleepless ness and now for months in a wheelchair. She intentional act of Denying these medically nessary procedures and also the excuse of Subjectively and Objectively looking at my situation still leaves me in constant chronic pain Which is called cruel and unusual punishment. A Specialist is the one who should

OFFENDER SIGNATURE

Ben Miller

DATE

6/1/18

SUPERINTENDENT RESPONSE

SUPERINTENDENT/SECTION HEAD

113966

DATE

7-17-18

You have the right to appeal this decision to a division director. You must file an appeal form with the grievance officer within seven (7) days from the day you receive this decision. Failure to submit an appeal within this time frame constitutes abandonment of the grievance.

☐ I ACCEPT THIS DECISION

☐ I APPEAL THIS DECISION

OFFENDER SIGNATURE

DATE

decide what is needed in my situation not a Do/Ob. Even though you say my nerve (spinal) is not compressed as of now. That is worst case scenario That is paralysis That is Equina Syndrome. I already have Numbness and Loss of mobility ^{+pain} + Strength from the swelling But my L5 is very close to the compression stage ^{of the} At any given moment, fall accident from Not being mobil could (propensity) go into the Stage of Equina Syndrome And Sadly our medical staff is in no way able to get anything done quickly or efficiently as you can see in the 3 other VRS I have pending if they don't "like" you then they will intentionally not give you care especial sharp and Hallway if it came to me needing emergency anything they still wouldn't do anything to help me. So With this being said The Neurologist is a specialist and is the one who

Vagina
Rectum

Should look at me and determine what is needed. instead ~~of~~ Both requests to see me has been denied. In my ^(ORR) ~~gruance~~ answer it was stated after pain control then I will start PT. I have been in PT for weeks. PT doesn't fix what's going on yes it may help me walk again but at any given moment I am back to where I began. also PT doesn't fix the Chronic pain you are intentionally leaving me in. I want and need to see a neurologist and whatever he deems necessary I want it done. I want the cruel and unusual punishment to stop. The deliberate delaying of treatment to stop and I want no more Retaliation

Regina

William

865297B



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
OFFENDER GRIEVANCE APPEAL

18397

GRIEVANCE NUMBER	DATE FILED
CCC 18 397	07-23-18
DOC NUMBER	INSTITUTION
86529	CCC

OFFENDER NAME (LAST NAME, FIRST)

Williams Regina

REASON FOR APPEAL

Corizon is allowing me to be in continual pain so far 1 year because the MRI shows no cord compression, cord compression can happen at any given time and is not being monitored. Since July of 2017 where I was 206 lbs. working out had lost several lbs trying to rehab my knee because CCC did not give me physical therapy as request by the ortho surgeon who did my knee. I went from walking running taking care of myself to a wheelchair basically in pain for everything walking standing has become slightly easier as I try to ambulate more but with doing more the sciatic

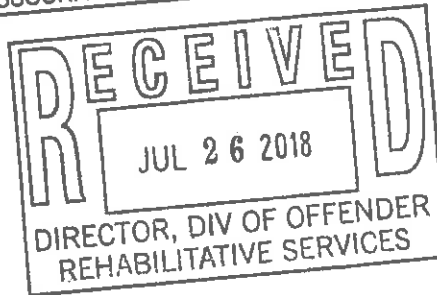
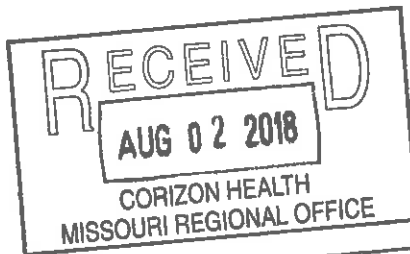
OFFENDER SIGNATURE

Regina Williams

DATE

7.23.18

RESPONSE



SIGNATURE

Regina Williams

DATE

7.25.18

Finalization of this appeal represents exhaustion of this grievance pursuant to federal law, 28 CFRs 40

OFFENDER SIGNATURE

DATE

OFFENDER GRIEVANCE APPEAL RESPONSE

TO: Williams, Regina #86529
INSTITUTION: Chillicothe Correctional Center
GRIEVANCE NUMBER: CCC-18-397
DATE OF APPEAL: July 23, 2018

Your grievance appeal has been received and reviewed. As well, your healthcare record has been reviewed. The purpose of this review is to assure that timely and appropriate healthcare has been provided to you. This assessment of your healthcare needs may differ from your personal desires.

I understand your one original IRR complaint to be you allege that you are not receiving adequate medical care for your complaints of back pain.

Upon review of your healthcare record, grievance records and investigation of your concern, I found that an MRI of the lumbar spine was completed on 3/21/18. There was no spinal cord compression noted in the MRI report. You had a follow-up appointment with the provider on 4/3/18. During this appointment the provider explained that conservative treatment must be trialed prior to invasive treatment. You were encouraged to participate in the plan of care and to follow the physical therapist's recommendations. You were evaluated by physical therapy on 4/12/18. You were provided a home exercise program, which included walking and back strengthening exercises. You had a follow-up with the provider on 5/2/18. During this evaluation you reported that you were doing "much better" with your prescribed medication regimen and that you were planning to begin your home exercise program. The provider noted that you were ambulating. During your most recent provider follow-up on 11/3/18, the provider explained why steroid injections were not indicated for your condition and recommended that you lose weight and increase your physical activity. You are currently enrolled in the chronic care chronic pain clinic; therefore you will be evaluated by a provider on a routine basis.

Conclusion: Based on the above information, your grievance appeal is not supported, as outlined above. We rely upon the independent, discretionary medical judgment of the site providers to determine the needed care, medication, and treatment.


This should resolve your grievance. No further action is indicated at this time.

Should your medical condition change, please address any concerns through the sick call process at your facility.

08/02/2018
Date Received

11/12/2018
Date of Response


S. Moeller


Reviewed by/ Date
T.K. Bredeman, D.O., Assoc Regional
Medical Director

Cc: File, H.S.A., Medical Director

Regina Williams 810529 74
 2151 letters
 Catherine Mclellan

RECEIVED
 2019 FEB 12 PM 12:43
 U.S. DISTRICT COURT
 WEST DIST. OF MO.
 KANSAS CITY, MO.

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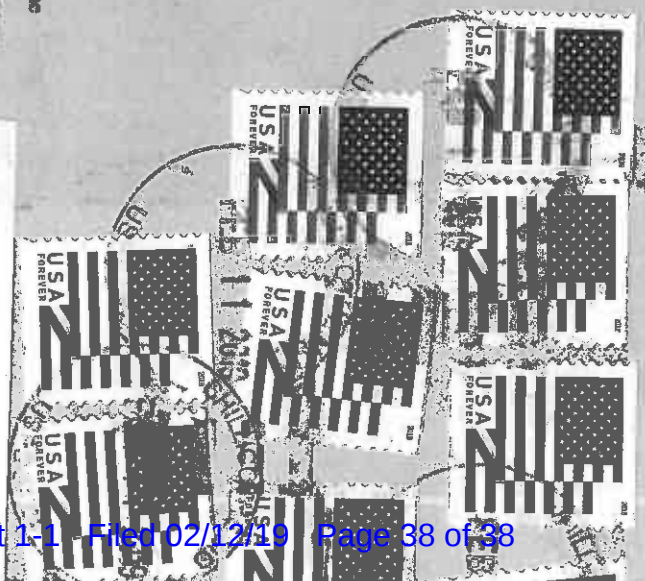
MAILED FROM
 CHILLICOTHE
 CORRECTIONAL CENTER

This correspondence is from an offender in the custody of the Missouri Department of Corrections. The department is not responsible for the contents of this correspondence. For information about the department, or to verify information about the offender, please visit our website at www.doc.mo.gov.

EXPECTED DELIVERY DAY: 02/12/19
 USPS TRACKING NUMBER



U.S. District Court
 Office of the Clerk
 1510 Whittaker Court House
 400 E Ninth Street
 Kempt 64106



PRIORITY